Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	354	A. BUILDING _____ B. WING _____	05/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SACHELE SENIOR GUEST HOME	3398 BANCROFT CIRCLE, LAS VEGAS, NEVADA ,89121

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure and infection control survey completed at your facility on 05/31/23, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for nine Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness, Category II residents. The census at the time of the survey was seven. Seven resident files and three employee files were reviewed. The facility received a grade of B. The findings and conclusions of any investigation by the Division of Public and Behavioral Health shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified.	0000		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: ROWENA G. PACE Title: ADMINISTRATOR Date: 06/18/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	354	A. BUILDING _____ B. WING _____	05/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SACHELE SENIOR GUEST HOME	3398 BANCROFT CIRCLE, LAS VEGAS, NEVADA ,89121

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
0178 SS= F	Health & Sanitation - Maintain Int/ext - NAC 449.209 Health and sanitation. (NRS 449.0302) 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. Inspector Comments: Based on observation and interview, the facility failed to ensure the premise was clean and well maintained as evidenced by: - There were bed frames covered in dirt behind the shed. - There were tall weeds throughout the yard up to approximately two feet. - There was ripped chairs, a bench covered in dirt and large spider webs throughout the side yard. - The bedroom fans, bathroom vents, air conditioner vents, the doorbell chime box on the wall, and picture frames had heavy dust build-up. - There were three dead cockroaches found in different locations in the facility. - The back door frame had a quarter inch gap between the frame and the door. On 05/31/23, the Caregiver acknowledged the findings. Severity: 2 Scope: 3	0178	1. On 6/3/23, the bed frames, chairs, bench, bedroom fans, bathroom vents, doorbell chime box and picture frames were all discarded from the back yard. All weeds in the back yard were also pulled out. The back door frame was also adjusted as to not allow any insects to enter through the gap. 2. Caregivers are instructed as to not allow any accumulations of old equipment to pile up in the back yard and to dispose of it immediately after each project. 3. Administrator will ensure that there are no build up of old equipment inside and outside of the house to ensure safety for residents and staff. Administrator will ensure weeds are pulled in a timely manner. 4. All Caregivers are responsible for not allowing old equipment to accumulate and Administrator is ultimately responsible for ensuring that all old equipment is disposed of immediately. 5. The back yard was cleaned of debris and weeds pulled on 6/3/23. 6. Please see attached documents.	06/03/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	354	A. BUILDING _____ B. WING _____	05/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SACHELE SENIOR GUEST HOME	3398 BANCROFT CIRCLE, LAS VEGAS, NEVADA ,89121

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
0830 SS= E	Exemption Requests - NAC 449.2736 Procedure to exempt certain residents from restrictions. (NRS 449.0302) 1. The administrator of a residential facility may submit to the Division a written request for permission to admit or retain a resident who is prohibited from being admitted to a residential facility or remaining as a resident of the facility pursuant to NAC 449.271 to 449.2734, inclusive. Inspector Comments: Based on record review and interview, the facility failed to ensure a medical exemption request was submitted to the Bureau to retain 2 of 7 residents. Resident #2 (R2) was admitted on 10/01/17. R2 was laying in bed sleeping. The Caregiver reported R2 was bedfast and needed assistance to turn themselves on their side while laying in bed. Resident #3 (R3) was admitted on 04/19/23 with an unstageable pressure ulcer on their sacrum and left heel which was being treated under the care of hospice. The resident files lacked documented evidence of an application for submission and/or an approved medical exemption for a bed fast resident and a resident with a pressure ulcer. The Caregiver was unable to provide an approved medical exemption for either resident and was unaware the residents needed one. Severity: 2 Scope: 2	0830	1. On 6/14/23, a Bedfast waiver was applied for to DPBH for Resident #2. On 6/7/23 Resident #3 passed away. 2. Moving forward, if the condition of a resident changes to bedbound status, a Bedfast / Bedbound Waiver will be applied for immediately. 3. Administrator will assess a new resident of Bedbound status and apply for Bedfast / Bedbound waiver immediately. If existing resident, administrator will monitor on a daily basis if resident's status changes and apply for a Bedfast / Bedbound Waiver if needed. 4. Administrator is responsible if a new resident or existing resident needs to apply for a Bedfast / Bedbound waiver. 5. On 6/14/23 an application for Bedfast / Bedbound waiver was submitted online to HCQC. 6. Please see attached document.	06/14/2023
0878 SS= E	Medication/OTCS, Supplements, Change Order - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician. The administration of over-the-counter medications and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must	0878	1. On June 1, 2023, the MAR for resident #1 and resident #4 was corrected to reflect new Physicians Order and Copy of the Physician's Change Order was placed in each resident's folder. 2. Will have better communication with each residents nurse or physician, if they have changed the prescription order of that respective resident and a copy of the new order will be provided within 5 days of the change and placed in each respective residents folder. 3. Lead Caregiver will be more mindful to note in MAR if any residents prescription has changed. Administrator shall also check that all new changes to prescriptions are noted in MAR promptly. 4. Administrator is ultimately responsible for ensuring MAR is accurate. 5. On June 1, 2023. MAR for resident #1	06/01/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	354	A. BUILDING _____ B. WING _____	05/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SACHELE SENIOR GUEST HOME	3398 BANCROFT CIRCLE, LAS VEGAS, NEVADA ,89121

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order; (2) Indicate on the container of the medication that a change has occurred; and (Previously Y 0879) (3) Note the change in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; (b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; and (c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, the physician, registered nurse or pharmacist must interpret that order or prescription and, within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744. Inspector Comments: Based on observation, record review, and interview, the facility failed to ensure a medication was on site and the Medication Administration Record (MAR) matched the prescription label on the medication bottle for 2 of 7 residents (Resident #1, and #4). Findings include: Resident #1 (R1) R1 was admitted on 04/22/22, with diagnoses of hypertension and bipolar disorder. A physician's order dated 02/13/23, and the bubble pack documented Pravastatin 20 milligrams (mg), take one tablet by mouth daily. The medication was not listed on the May 2023 MAR. The bubble pack in use was the June 2023 cycle. The Caregiver was unable to explain why the June 2023 cycle was in use. Resident #4 (R4) R4 was admitted on 12/01/22, with diagnoses including Buerger's disease. The May 2023 MAR documented Rosuvastatin 20 mg, take two tablets by mouth every day. The medication bottle documented Rosuvastatin 20 mg, take one tablet by mouth every day at bedtime. The Caregiver was unable to provide a physician's order. The Caregiver indicated the order changed to one tablet		and resident #4 was updated to reflect new Prescription Orders. 6. Please see attached documents.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	354	A. BUILDING _____ B. WING _____	05/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SACHELE SENIOR GUEST HOME	3398 BANCROFT CIRCLE, LAS VEGAS, NEVADA ,89121

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	and the medication was not re-written on the MAR. On 05/31/23, the Caregiver acknowledged the medication errors. Severity: 2 Scope: 2			
0885 SS= F	Medication - Destruction - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Inspector Comments: Based on observation and interview, the facility failed to ensure medications were destroyed as evidenced by: The medication cabinet contained an unorganized pile of approximately 50 bubble packs of discontinued and unused medications from past months belonging to residents. The Caregiver reported there were medications from previous months for a resident who was transferred to the hospital and the medication went unused. The Caregiver indicated the medication should have been returned to the pharmacy. Severity: 2 Scope: 3	0885	1. On 6/13/23, All old and expired Medications that were in the Medication Overflow Cabinets were destroyed in some Chucks and Liquid soap and also documented by Caregiver and Administrator. 2. Lead Caregiver will be more mindful moving forward to destruct all old and expired medications in a timely manner and not allow to accumulate. 3. Lead Caregiver shall check for and destruct all old and expired medications by the end of the day each and every day. 4. Administrator is responsible that all old and expired medications are destructed by an acceptable method and also recorded and witnessed by another Caregiver or Administrator. 5. On 6/13/23, all old and expired medications were destructed and recorded by Lead Caregiver and Administrator. 6. Please see attached documents.	06/13/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	354	A. BUILDING _____ B. WING _____	05/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SACHELE SENIOR GUEST HOME	3398 BANCROFT CIRCLE, LAS VEGAS, NEVADA ,89121

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
0920 SS= F	Medication: Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. (NRS 449.0302) 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medications for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself or herself without supervision may keep the resident ' s medication in his or her room if the medication is kept in a locked container for which the facility has been provided a key. 2. Medication stored in a refrigerator, including, without limitation, any over-the-counter medication, must be kept in a locked box unless the refrigerator is locked or is located in a locked room. Inspector Comments: Based on observation and interview, the facility failed to ensure medications were secured as evidenced by: There was a medication bottle unsecured on the desk next to the front door and the medication cabinet was unsecured upon arrival. The Caregiver acknowledged the unsecured medications. Severity: 2 Scope: 3	0920	1. Lead Caregiver was able to log in new medication and place in secured Medication Cabinet after the survey. 2. Caregivers are instructed to Log in new medications that just arrived on the Medication Acceptance Form immediately and to put away the new medications in the locked Medication Cabinet immediately after logging the new medication in. And most importantly, if side tracked while logging new medications in to at least secure the medications and then resume the logging in procedure when time permits. 3. Moving forward, Caregivers are always reminded to never leave medications unsecured for the safety of our residents. 4. Administrator is ultimately responsible that all Caregivers are not leaving Medications not secured at anytime. 5. On 5/31/23, the medication was secured in the Medication Cabinet. 6. Please see attached documents.	06/01/2023